

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5	/					
6	/	2				
7	/	5				
8	/	1				
9	/	1				
10	/	1				
11	/	1				
12	/	1				
13	/	1				
14	/	1				
15	/	1				
16	/	1				
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42	/	1				
43	/	1				
44	/	1				
45	/	1				
46	/	1				
47	/	1				
48	/	1				
49	/	1				
50	/	1				
TOTAL IND.	8					
TOTAL DEP.	194					
TOTAL CLAIMS	202					

	IND	DEP	IND	DEP	IND	DEP
51		/				
52		/				
53		2				
54		2				
55	/	1				
56		/				
57		/				
58		/				
59		/				
60	/	/				
61		/				
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						